# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

4 FO	r the 2	2009 calend	dar yea	r, or tax year beginning 10-	01-2009 and ending 0	9-30-2010		D Employer ide	ntification number
_	•		ase e IRS	C Name of organization MONTEREY HISTORY & ART A	SSOCIATION LTD				
_	iress cha	lab	el or	Doing Business As	94-151720 E Telephone nu				
_	me char	typ	nt or e. See			(831) 372-2	2608		
_	ial retur	Ins	ecific struc-	Number and street (or P O bo 5 CUSTOM HOUSE PLAZA	ox if mail is not delivered to st	reet address)	Room/suite	<b>G</b> Gross receipts	
_	mınated		ns.		1 770				
_	ended r			City or town, state or country MONTEREY, CA 93940	, and ZIP + 4				
App	olication	pending							
				ne and address of principal ROWE-WEISBERG	officer		<b>H(a)</b> Is the affilia	s a group return	for
			5 CUST	TOM HOUSE PLAZA			allilla	les.	1 165 14 110
			MONTE	EREY,CA 93940				affiliates include	·
Та	x-exem	pt status 🔽	501(c)	(3) <b>◄</b> (insert no )	a)(1) or			o," attach a list p exemption nui	(see instructions)
				ntereyhistory org			n(c)	p exemption na	
						l	I		
	n of org rt I	Summa		ion Trust Association O	ther 🟲		L Year of for	mation 1931 M	State of legal domicile CA
Γa				e organization's mission or	most significant activitie	es			
		THE MONT	EREY H	HISTORY AND ART ASSO	CIATION SHARES THE		S AND THI	DIVERSE LEG	SACIES OF PEOPLE,
<u>3</u>		STORIES,	AND PL	ACES THAT CONTINUE	TO SHAPE MONTEREY				
sovemance									
Į.									
			,	if the organization discon					
<b>ර</b> ග			_	nembers of the governing b					14
Acumines				dent voting members of the		1, line 1b)			14
3				nployees (Part V , line 2a) lunteers (estimate if neces					
ŧ				ted business revenue from		ne 12 .	_		0
		_		ness taxable income from I	•	7b			
							Prio	r Year	Current Year
	8	Contributi	ons and	d grants (Part VIII, line 1h	)			108,685	42,958
пTle	9	Program service revenue (Part VIII, line 2g)						41,009	11,372
Revenue	10			ne (Part VIII, column (A),				44,594	174,924
_	11			art VIII, column (A), lines				819	
	12			dd lines 8 through 11 (mus				200,652	230,073
	13			ir amounts paid (Part IX, co					0
	14	Benefits p	aıd to o	r for members (Part IX, col	umn (A), line 4)				0
ø	15		ther co	mpensation, employee ber	iefits (Part IX, column (A	), lines 5–		224,131	282,736
Expenses	16a	10) Profession	al fund	raising fees (Part IX, colun	on (Δ ) line 11e)			224,131	0
⊕ ⊕	ь			enses (Part IX, column (D), line 2					
Ω	17			Part IX, column (A), lines :			421,580		
	18	-		Add lines 13–17 (must equ				361,707 585,838	704,316
	19	Revenue le	ess exp	enses Subtract line 18 fro	m line 12			-385,186	-474,243
8 % %							_	of Current	End of Year
net Assets of Fund Balances		T - 4 - 1	/5	+ V . I.m 1.C.)		Y	ear		
98	20 21			t X, line 16)		5,309,185	4,777,405		
Z Z	21		•	d balances Subtract line 2		•		5,037,971	4,755,199
	1111	Signatu			1 110111 III C 20 1 1 1			3,037,371	4,733,133
		Under penalt	ies of pe	ŋury, I declare that I have exam					
		and belief, it	is true, c	correct, and complete Declaratio	n of preparer (other than offic	er) is based o	n all informati	on of which prepare	er has any knowledge
Sign	1	*****					2011-	08-15	
ler	2	Signature	of office	r			Date		
		том нос							
		Type or p	orint nam	e and title		<u> </u>			
		Preparer's signature Michael Briley Date Check self-						Preparer's identification (see instructions)	
Paid		,				emı	polyed 🕨 🦵		
•	arer's	Firm's name if self-employ		HAYASHI & WAYLAND CPAS	EIN ▶				
	ეის⁄ <sup> </sup>	l ii seii-eiiibioi	yea),	<b></b>					
786 (	Only	address, and		660 CAMINO AGUAJITO STE	300				24) 750 6222
	Only			660 CAMINO AGUAJITO STE			_	Phone no 🕨 (83	31) 759-6300

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Total program service expenses►\$

THE MONTEREY HISTORY AND ART ASSOCIATION SHARES THE HISTORIES AND THE DIVERSE LEGACIES OF PEOPLE, STORIES, AND PLACES THAT CONTINUE TO SHAPE MONTEREY

2		n undertake any signific or 990-EZ?			which were not listed on	Yes ✓ No
	If "Yes," describe t	hese new services on So	hedule O			
3	<del>-</del>	n cease conducting, or r	<u> </u>	_		- Yes ▽ No
	If "Yes," describe t	hese changes on Sched	ule O			
4	Section 501(c)(3)		ions and section 49	947(a)(1) trusts are	rgest program services by exercises required to report the amount of the reported	•
	(Code	) (Expenses \$	264,956 inclu	uding grants of \$	) (Revenue \$	5,078 )
-14	•	, , , ,	,		OKS, PICTURES, COSTUMES, PAINTI	, ,
	(Code	) (Expenses \$	156,124 ınclu	ıdıng grants of \$	) (Revenue \$	6,294 )
		, , , ,	AND PRESERVES HISTOR		RS OF THE PUBLIC REGULARLY WAL	K THE MONTEREY PATH OF
4c	(Code	) (Expenses \$	ınclud	ding grants of \$	) (Revenue \$	)
	Other program se	rvices (Describe in Sch	edule O )			
	(Expenses \$	•	uding grants of \$		) (Revenue \$	)

421,080

Part IV	Checklist	of Rea	uired	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🥵	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			Į
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		l No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	_	No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νo
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		103	
	of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Yes	
2a	gaming (gambling) winnings to prize winners?		1 62	
h	return			
Б	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νo
1a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
Ь	If "Yes," enter the name of the foreign country •			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		No
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			<b>.</b>
	Did the organization make any taxable distributions under section 4966?	9a		No
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

DEBBIE SOARES

5 CUSTOM HOUSE PLAZA MONTEREY, CA 93940 (831) 372-2608

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	14			
ь	Enter the number of voting members that are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus	iness	relationship with any			
	other officer, director, trustee, or key employee?			2		Νo
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management control over management duties.			3		Νο
4	Did the organization make any significant changes to its organizational documents s filed?	ince t	the prior Form 990 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization	nızat	ıon's assets?	5	Yes	
6	Does the organization have members or stockholders?			6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholder	ers, o	rother persons?	7b	Yes	
8	$\operatorname{Did}$ the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	•		8b		Νo
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Sched			9		Νo
	ction B. Policies (This Section B requests information about policies not	requ	ired by the Internal			
ке	venue Code.)				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	103	No
	If "Yes," does the organization have written policies and procedures governing the ac					.,,,
	affiliates, and branches to ensure their operations are consistent with those of the or			10b		Νo
11	Has the organization provided a copy of this Form 990 to all members of its governing	ng boo	ly before filing the form?	11		Νo
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90	11		NO
122	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually			124	103	
	to conflicts?		_	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance wit describe in Schedule O how this is done	h the	policy? If "Yes,"	12c		Νο
13	Does the organization have a written whistleblower policy?	•		13		Νo
14	Does the organization have a written document retention and destruction policy? $\;\;$ .	•		14		Νo
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the		• • •			
	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization	•		15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	orsim •	ılar arrangement with a	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?			16b		Νo
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed►CA					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governir	ng dod	uments, conflict of			
	interest policy, and financial statements available to the public See Additional Data	Tabl	e	.a ar==	niasti:	. 🌬
20	State the name, physical address, and telephone number of the person who possesse	es the	e books and records of th	ie orga	mization	· -

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee											
<b>(A)</b> Name and Title	(B) (C) A verage Position (check all that apply)							( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
YVONNE ASCHER Director	1 00	Х						0	0	0	
TOM HOOD President	1 00	Х		Х				0	0	0	
SHARON MANEY LOMANTO Director	1 00	Х						0	0	0	
SANDY YAGYU Director	1 00	Х						0	0	0	
RANKO RADOMAN Director	1 00	Х						0	0	0	
PAT CONIGLIO Director	1 00	Х						0	0	0	
PAM CROWE-WEISBERG Executive Direc	40 00			х				22,750	0	0	
MIKE MCMASTER Director	1 00	Х						0	0	0	
MARK BAER Director	1 00	Х						0	0	0	
LYMAN HAMILTON Director	1 00	Х						0	0	0	
JOHN ENNS Treasurer	1 00	Х		х				0	0	0	
ERIC SAND Director	1 00	Х						0	0	0	
EMILY GRIFFITH Director	1 00	X						0	0	0	
BONNIE BAKER Director	1 00	Х						0	0	0	
BILL WOJTKOWSKI Director	1 00	Х						0	0	0	

For	n 990 (2009)			Page <b>8</b>
1b	Total			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization •0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated er on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	mployee 3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from to organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	the 4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for serv rendered to the organization? If "Yes," complete Schedule I for such person	ices 5		No
s	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of	services	( <b>C</b> Compe	
		-		
_	Total number of independent contractors (including but not limited to those listed above) who received mo			
2	\$100,000 in compensation from the organization \(\mathbb{P}\)	ie tilali		

Form **990** (2009)

Form 9	•	<u> </u>						Page <b>9</b>
Part	<b>/1111</b>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ \$	1a	Federated cam	paigns 1a					
죨	ь	Membership du	es <b>1b</b>	22,700				
	c	Fundraising eve	ents 1c					
£	d	Related organiz	rations 1d					
% <u>E</u>	e	Government grants						
흜	f	All other contribution	ons, gifts, grants, and <b>1f</b>	20,258				
E E	-	sımılar amounts no	ot included above					
Contributions, gifts, grants and other similar amounts	g		butions included in					
Ϋ́Ε	h			▶	42,958			
	ļ							
Пе	2a	STANTON CENTER		Business Code	5 070	5 070		
.ver					5,078	5,078		
Program Serwce Revenue	b	PUBLICATIONS - O			1,888	1,888		
Š	°	HISTORIC MONTER			705	705		
Š	d	EDUCATION PROGI			1,375	1,375		
Ē	e	COOKBOOK LUNCH			1,600	1,600		
8	f	All other progra	am service revenue		726	726		
Δ	g	Total. Add lines	s 2a – 2f		11,372			
	3	Investment inc	ome (including dividend	ds, interest				
		and other simila	aramounts)	▶	14,550			14,550
	4	Income from inves	tment of tax-exempt bond p	proceeds 🕨	0			
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a   .	Gross Rents Less rental	53,934					
	Ь	expenses	71,109					
	c	Rental income or (loss)	-17,175					
	d		me or (loss)		-17,175	-17,175		
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,220,000					
	Ь	Less cost or other basis and	1,059,626					
		sales expenses	160,374					
	c d	Gain or (loss)	s)	<b>b</b> -	160,374	160,374		
	8a	Gross income f			100,57	100,5,1		
Other Revenue		events (not inc \$ of contributions	luding s reported on line 1c)					
æ		See Part IV, lin	e 18 a	30,309				
Jē.	ь	Less directex	penses b	17,508				
₹	c c		(loss) from fundraising		12,801	-923		13,724
	9a	Gross income f See Part IV, lin	rom gaming activities le 19					
	b c		penses <b>b</b> (loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo		10,158				
	ь	Less cost of g	oods sold <b>b</b>	4,965				
	С	·=	loss) from sales of inve	·	5,193			5,193
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d '		0			
	12	Total revenue.	See Instructions	•	230,073	153,648		33,467

# Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
			(B)	(C)	(D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors, trustees, and key employees	93,500	56,100	18,700	18,700			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0						
7	Other salaries and wages	154,759	84,920	67,001	2,838			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	,	,	, <u>,                                   </u>			
9	Other employee benefits	11,633	6,631	4,072	930			
10	Payroll taxes	22,844	13,021	7,995	1,828			
11	Fees for services (non-employees)							
а	Management	0						
ь	Legal	0						
c	Accounting	51,105		51,105				
d	Lobbying	0		31,103				
e	Professional fundraising See Part IV, line 17	0						
f	Investment management fees	150		150				
g	Other	6,060		6,060				
12	Advertising and promotion	13,015		1,506	11,509			
13	Office expenses	22,089	2,191	19,898	11,309			
14	Information technology	0	2,191	19,090				
15		0						
	Royalties			4.021				
16 17	Occupancy	10,470	5,549	4,921				
17 18	Payments of travel or entertainment expenses for any federal,	11,186		11,186				
10	state, or local public officials	0						
19	Conferences, conventions, and meetings	_		7 774				
20	Interest	7,371		7,371				
21	Payments to affiliates		120.050	047				
22	Depreciation, depletion, and amortization	139,805	138,858	947				
23 24	Other expenses Itemize expenses not covered above (Expenses	38,273		38,273				
	grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )							
a	Postage and Shipping	2,101		2,101				
Ь	EXHIBITS	101,848	101,848					
c	DUES & SUBSCRIPTIONS	4,477		4,477				
d	DIRECT PRO GRAM	11,962	11,962					
е	BOARD & TRUSTEE EXPENSES	1,668		1,668				
f	All other expenses	0						
25	<b>Total functional expenses.</b> Add lines 1 through 24f	704,316	421,080	247,431	35,805			
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing				1	0
	2	Savings and temporary cash investments			123,455	2	178,139
	3	Pledges and grants receivable, net	nd grants receivable, net				0
	4	Accounts receivable, net			2,250	4	6,455
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of					
		Schedule L				5	0
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o	oles from other disqualified persons (as defined under section 4958(f)(1)) and				
		Schedule L				6	0
Assets	7	Notes and loans receivable, net				7	8,800
8	8	Inventories for sale or use			11,849	8	8,246
⋖	9	Prepaid expenses and deferred charges			6,861	9	0
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	5,268,286			
	b	Less accumulated depreciation	10b	2,515,933	3,875,319	10c	2,752,353
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11			908,249	12	1,452,759
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	500
	15	Other assets See Part IV, line 11	ther assets See Part IV, line 11				370,153
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,309,185	16	4,777,405
	17	Accounts payable and accrued expenses .			28,428	17	22,206
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Se.	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			199,849	23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			42,937	25	
	26	Total liabilities. Add lines 17 through 25			271,214	26	22,206
Fund Balances		Organizations that follow SFAS 117, check here ▶ 🔽 and comp through 29, and lines 33 and 34.	lete li	nes 27			
anc	27	Unrestricted net assets			3,809,150	27	3,526,379
- E	28	Temporarily restricted net assets	687,013	28	687,012		
<u> </u>	29	Permanently restricted net assets	·				541,808
ᆵ		Organizations that do not follow SFAS 117, check here ► an	nizations that do not follow SFAS 117, check here F and complete				
or I		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			5,037,971	33	4,755,199
	34	Total liabilities and net assets/fund balances		5,309,185	34	4,777,405	

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		Νo

Form **990** (2009)

### OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

MONTEREY HISTORY & ART ASSOCIATION LTD

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number** 

									94-151720			
	rt I			blic Charity Stat						tructions		
The c	rganı			e foundation because					)			
1		A churc	h, convention	on of churches, or as:	sociation of o	churches <b>se</b>	ection 170(b)	(1)(A)(i).				
2	Г	A scho	ol described	ın <b>section 170(b)(1)</b>	(A)(ii). (Att	ach Schedul	e E )					
3	Γ	A hosp	tal or a coop	perative hospital serv	vice organiza	atıon describ	ed in <b>section</b>	170(b)(1)( <i>t</i>	A)(iii).			
4	Γ			organization operate y, and state	ed in conjunc	tion with a h	iospital desci	rıbed ın <b>secti</b>	on 170(b)(1)	(A)(iii). Ente	erthe	
5	Γ	=	-	erated for the benefit	_	or university	owned or op	erated by a g	jovernmental	unıt describ	_ ed in	
•	_			<b>A)(iv).</b> (Complete Pa		d unit docor	had in <b>castic</b>	170/b\/1\/	(A \/)			
7	  -			local government or	_						بالطنيسا	_
,	1•	describ	ed in	t normally receives a <b>A)(vi)</b> (Complete Pa		part or its s	upport from a	a government	lai uiiit oi iioi	ni the genera	i public	-
8	$\vdash$	A comn	nunity trust	described in <b>section</b>	170(b)(1)(A	)(vi) (Com	plete Part II	)				
9	$\sqcap$	A n orga	ınızatıon tha	t normally receives	(1) more tha	ın 331/3% o	f its support f	from contribu	tions, membe	ership fees, a	nd gro	SS
		receipt	from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, and	d (2) no more	than 331/3%	of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable ınc	ome (less se	ction 511 ta	x) from busır	esses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e <b>section 5</b> 0	<b>09(a)(2).</b> (Co	mplete Part	III )			
10	$\sqcap$	A n orga	inization org	anized and operated	exclusively:	to test for p	ublic safety S	See <b>section 5</b>	09(a)(4).			
11	Ė	•	_	anized and operated	•	•	•			carry out the	purpos	ses of
	·	one or i	nore publicly	y supported organiza pes the type of suppo <b>b</b> Type II	tions describ orting organiz	oed in section and co	n 509(a)(1)	or section 50 11e through	09(a)(2) See	•	(a)(3).	Check
e	Γ	other th	-	x, I certify that the con managers and oth	•		•	•	•	•	•	
f				eceived a written de	termination f	rom the IRS	that it is a T	ype I, Type l	[I or Type II]	supporting	organız	zatio <u>n,</u>
		checkt		0.06								J
g			ugust 17, 2 g persons?	006, has the organiz	ation accept	ed any gift o	or contributio	n from any of	tne			
				ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons desci	rıbed ın (ıı)		Yes	No
		and (III)	below, the	joverning body of the	the support	ed organizat	:ion?			11g(i)		
				r of a person describ		_				11g(ii)		
		• •	•	ed entity of a person	• •		ove?			11g(iii)		
h				g information about t						[==5(/	<u> </u>	<u> </u>
				<b>5 6</b>		- 0.g	(5)					
(ii) Name of supported or ganization (see  (iii)  Name of supported or ganization (see  (iii)  Type of organization (described on lines 1- 9 above or IRC section (see						Am	vii) ount of oport?					
				instructions))	Yes	No	Yes	No	Yes	No		
Tota												

# Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part I.	.)			
	ection A. Public Support				Г		— г	
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	<b>(e)</b> 2	009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	343,84	7 189,24	7 178,527	108,685		202,451	1,022,757
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	,						0
4	Total. Add lines 1 through 3	343,84	7 189,24	7 178,527	108,685		202,451	1,022,757
5	The portion of total contributions be each person (other than a governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the							0
6	amount shown on line 11, column (f)  Public Support. Subtract line 5 from							
U	line 4	'						1,022,757
S	ection B. Total Support	•	•		•			
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 20	009	(f) Total
7	A mounts from line 4	343,847	85,919	178,527	108,685		202,451	1,022,757
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	58,285	85,919	103,580	44,594		176,924	469,302
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets							0
11	Total support (Add lines 7 through 10)							1,492,059
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12		
13	First Five Years If the Form 990 is check this box and stop here			, third, fourth, or fi	fth tax year as a	501(c)(3	3) organız	eation, ▶☐
<u> </u>	ection C. Computation of Pul Public Support Percentage for 200°			11 column (f))		14		68 550 %
15	Public Support Percentage for 200			(1//		<del> </del>		
	33 1/3% support test—2009. If the	•	•	contino 12 and to	no 14 is 22 1/20/	15	check +	76 350 %
b	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organiza	alifies as a publicl organization did n qualifies as a pu — <b>2009.</b> If the orga	y supported orga not check the bo iblicly supported anization did not o	nization x on line 13 or 16a organization check a box on line	a, and line 15 is 3 e 13, 16a, or 16b	33 1/3% o and line	or more,	<b>►</b>  ✓
	in Part IV how the organization mee	ets the "facts and	cırcumstances"	test The organiza	ition qualifies as	a publicl	y support	ed ▶┌
ם	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets the	facts and circu	mstances" test, c	heck this box and	d <b>stop h</b> e	ere.	<b>▶</b> ┌
18	<b>Private Foundation</b> If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	• <b>-</b>

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

#### **Additional Data**

Software ID: Software Version:

**EIN:** 94-1517208

Name: MONTEREY HISTORY & ART ASSOCIATION LTD

#### Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
STANTON CENTER		5,078	5,078		
PUBLICATIONS - OTHER		1,888	1,888		
HISTORIC MONTEREY INCOME		705	705		
EDUCATION PROGRAMS		1,375	1,375		
COOKBOOK LUNCHEONS		1,600	1,600		

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Postage and Shipping	2,101		2,101	
EXHIBITS	101,848	101,848		
DUES & SUBSCRIPTIONS	4,477		4,477	
DIRECT PROGRAM	11,962	11,962		
BOARD & TRUSTEE EXPENSES	1,668		1,668	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493227044111

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** MONTEREY HISTORY & ART ASSOCIATION LTD 94-1517208 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **\(\mathbb{F}\_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	Organizations Maintaining Co	Hections of Art	<u>, His</u>	TOFI	Cai iii	easu	res, or c	tne	ı əmma	IF ASS	ets (co	ontinued)
	Using the organization's accession and other items (check all that apply)	records, check an	of th	ne foll	lowing t	hat ar	e a significa	ant u	se of its o	collectio	n	
а	▼ Public exhibition		d	Γ	Loan o	rexcl	hange prog	rams				
b	Scholarly research		e	Γ	Other							
c	✓ Preservation for future generations											
	Provide a description of the organization's co Part XIV	llections and expla	ın hov	w the	y furthe	r the c	organizatior	ı's ex	empt pur	pose in		
	During the year, did the organization solicit cassets to be sold to raise funds rather than t								ıılar	Г	Yes	✓ No
Part	Part IV, line 9, or reported an an						n answere	d "Y	es" to Fo	orm 99	0,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontribut	ions o	or other ass	etsı	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ing t	able		г					
_							-	4.		A mo	unt	
c C	Beginning balance						}	1c				
d	Additions during the year						-	1d				
e f	Distributions during the year						-	1e				
f	Ending balance						L	1f	<u> </u>			
	Did the organization include an amount on Fo	,	≥ 21?							ı	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV							_				
Par	t V Endowment Funds. Complete	f the organization (a)Current Year		were Prior			Form 990, vo Years Back		t IV, line Three Year		NEgur V	ears Back
1a	Beginning of year balance	541,808	(D	JEHOL	541,808		VO TEATS DACK	(u)	Tillee Teals	S Dack (	= <b>)</b> 1 Out 1	cars back
ь	Contributions	, 3 9 0			,							
_	Investment earnings or losses											
d	Grants or scholarships											
	Other expenditures for facilities and programs											
f	Administrative expenses											
q	End of year balance	541,808			541,808							
	Provide the estimated percentage of the yea	r end balance held a										
	Board designated or quasi-endowment											
	Permanent endowment • 100.000 %											
	Term endowment ►  Are there endowment funds not in the posses	ssion of the organiz	ation :	that a	are held	and a	dministere	d for	the			
	organization by	of the organiza	201011		are mera	unu u	ummistere	u 101			Yes	No
	(i) unrelated organizations									. 3a(i)		Νo
	(ii) related organizations									3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization	•						•		3b		No
	Describe in Part XIV the intended uses of the							4.0				
Part	VI Investments—Land, Buildings	s, and Equipme	nt. S				· ·					
	Description of investment				) Cost or is (investi		(b)Cost or o		(c) Accur deprec		( <b>d)</b> Bo	ook value
<b>1</b> a L	and		•									
<b>b</b> B	Buildings		•				4,828	3,059	2	,161,798		2,666,261
c L	easehold improvements						197	7,476		149,633		47,843
d E	Equipment		•				242	2,751		204,502		38,249
<b>e</b> 0	Other											
	. Add lines 1a-1e (Column (d) should equal Fo											

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	1	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation - year market value
Financial derivatives		Cost of ella-of	-year market value
Closely-held equity interests			
Other			
	<b>b</b>		
	1,452,759		
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line		d .fl
(a) Description of investment type	(b) Book value		d of valuation - year market value
			7
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<b>+</b>		
Part IX Other Assets. See Form 990, Part X, I	ıne 15.		
(a) Descr	iption		(b) Book value
NET INTANGIBLE ASSETS			
LAND LEASE - NET			315,000
INTEREST IN CHARITABLE REMAINDER TRUST			16,317
HISTORIC ADOBES			38,836
	45.		270.450
Total. (Column (b) should equal Form 990, Part X, col.(B) line			370,153
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	T T		
	(b) A mount		
Federal Income Taxes			
See Additional Data Table			
Total (Column (h) should agual Form 000, Part V, col (0) to 25			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	•		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	1ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	<sub>1</sub>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	   2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

additional information						
Ident if ier Ret urn Reference		Explanation				
Part XI, Line 8	, ·	CHANGE IN VALUE OF SPLIT-INT AGREEMENTS \$20 UNREALIZED GAIN ON INVESTMENTS \$31958				
Part V, Line 4	1 '	GENERAL AND RESTRICTED USES, AS DICTATED BY THE DONORS				
Part III, Line 1a	elected under SFAS 116 to not report are, historical treasures, o	THE ASSOCIATION'S WORKS OF ART, ARTIFACTS AND MATERIALS INCLUDE OLD ADOBE HOMES, IMPORTANT HISTORICAL GOVERNMENT BUILDINGS, BOOKS, MANUSCRIPTS, PICTURES, COSTUMES, PAINTINGS, FURNITURE AND OTHER HISTORIC ARTIFACTS THAT PLAYED A DISTINCTIVE PART IN THE HISTORY OF EARLY SPANISH, MEXICAN AND AMERICAN CALIFORNIA				

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DLN: 93493227044111

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization Employer identification number MONTEREY HISTORY & ART ASSOCIATION LTD Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

			(a) Event #1  MERIENDA EVENT	<b>(b)</b> Event #2	(c) O ther Events	(d) Tot (Add col		
٠.			(event type)	(event type)	(total number)			
Revenue	1 2	Gross receipts Less Charitable	27,875	5			27	7,875
<b>ૐ</b>	3	contributions  Gross income (line 1 minus line 2)	27,875	5			27	7,87!
	4	Cash prizes						
ဟ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	1,456	5			:	1,45
ğ ĭ	7	Food and beverages	3,25	3			:	3,25
_ Eega _	8	Entertainment	3,750				;	3,75
Ē	9	Other direct expenses .	5,692	2			!	5,692
	10	Direct expense summary Add lir	ies 4 through 9 in column	ı (d)			14	4,15
	11	Net income summary Combine li	nes 3, column d, and line	10			1:	3,724
ar	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor		
Kevenkle			(a) Bıngo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	1	Gross revenue						
<u>—</u>	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
년 연 조	5	Other direct expenses						
	6	Volunteer labor	│ Yes% │ No	│ Yes% │ No	│ Yes% │ No			
		Direct expense summary Add line	-					
	8	Net gaming income summary Com	ibine lines 1, column d, a	nd line 7	<u> </u>		Yes	No
9 a		er the state(s) in which the organiz the organization licensed to operate				. 9a		
b	If"N	No," Explain						
0a b	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  If "Yes," Explain				10a			
.1	— Doe	es the organization operate gaming	activities with nonmembe	ers?		11		
								_

Indicate the percentage of gaming activity operated in  The organization's facility  An outside facility  Inter the name and address of the person who prepares the organization's gaming/special events books and records  Name  Address  Address  If "ves," enter the amount of gaming revenue received by the organization receives gaming revenue?  If "ves," enter the amount of gaming revenue received by the organization   If "ves," enter name and address  Name  Address  Caming manager information  Name  Gaming manager compensation   Small   Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retein the state gaming license?	Yes No
b An outside facility	
Name ►  Address ►  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the organization F \$ and the amount of gaming manager information  Name F Baming manager information  Name F Description of services provided F Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name ►  Address ►  L5a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$  C If "Yes," enter name and address  Name ►  Address ►  Gaming manager information  Name ►  Gaming manager compensation ► \$  Description of services provided ►  □ Director/officer □ Employee □ Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   If "Yes," enter name and address  Name   Address   Address   Gaming manager information  Name   Gaming manager compensation   S   Description of services provided   Director/officer   Employee   Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
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Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a  b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$  C If "Yes," enter name and address  Name ▶  Address ▶  Gaming manager information  Name ▶  Gaming manager compensation ▶\$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a  b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming manager information  Name ▶ Gaming manager information  Name ▶ Gaming manager compensation ▶\$ Director/officer	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information  Name ▶ Gaming manager information  Name ▶ Description of services provided ▶ Independent contractor  If Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming livense?	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information  Name ▶ Gaming manager information  Name ▶ Description of services provided ▶ Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ \$  C If "Yes," enter name and address  Name	
amount of gaming revenue retained by the third party \$  If "Yes," enter name and address  Name	
Address Addres	
Address Addres	
Address   Gaming manager information  Name   Gaming manager compensation   Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name  Gaming manager information  Name  Gaming manager compensation  \$  Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name  Gaming manager information  Name  Gaming manager compensation  \$  Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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Name ►  Gaming manager compensation ► \$  Description of services provided ►  □ Director/officer □ Employee □ Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Gaming manager compensation    Description of services provided    Director/officer	
Gaming manager compensation    Description of services provided    Director/officer	
Gaming manager compensation   Description of services provided   Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Description of services provided F  Director/officer  Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Director/officer Employee Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Director/officer Employee Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
If Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
retain the state gaming license?	
17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent  In the organization's own exempt activities during the tax year ▶ \$	

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DLN: 93493227044111

OMB No 1545-0047

2009

Open to Public Inspection

# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization MONTEREY HISTORY & ART ASSOCIATION LTD Employer identification number

94-1517208

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	NO REVIEW PROCESS WAS OR WILL BE CONDUCTED

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	THE MEMBERS ARE ALLOWED TO PARTICIPATE IN THE ANNUAL BOARD MEETING INCLUDING THE ELECTION OF OFFICERS

ldentifier	Return Reference	Explanation
'	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	THE ASSOCIATION HAS MEMBERS THAT FOR A MEMBERSHIP FEE ARE ENTITLED TO FREE ADMISSION TO THE MUSEUM, EARLY INVITATION TO CERTAIN EVENTS AND EXHIBITS AND ENTITLED TO PARTICIPATE IN THE ANNUAL MEETING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 5	Form 990, Part VI, Line 5 Description of Material Diversion of Assets	The organization is currently conducting an investigation into various issues of mismanagement during the reporting period ended September 30, 2010, as well as prior reporting periods. This mismanagement relates to the documentation of the organization's collection and the protection of the collections from misappropriation, as well as the possible diversion of other assets and funds of the organization. In the event the organization determines that any material misappropriation or diversion of the organization's assets or funds occurred during the current or any prior reporting period, the organization will disclose such misappropriation or diversion on the organization's IRS Form 990 for the fiscal year ending September 30, 2011.